2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9400006082 Apr 19, 2000 8:00 am Secretary of State JIM ZENZ CARPENTRY, INC. 04-19-2000 90066 033 ***150.00 Mailing Address Principal Place of Business 22342 BENIDORM DR. 22342 BENIDORM DR. **BOCA RATON FL 33428** BOCA RATON FL 33412-2277 US 2. Principal Place of Business 3. Mailing Address 12291 7 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State Applied For 65-0466298 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZENZ, JIM Street Address (P.O. Box Number is Not Acceptable) 22342 BENIDORM DR. **BOCA RATON FL 33428** NORTH 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida DRESIDENT SIGNATURE tered agent and title if applicable Signature, FILE NOW!!! FEE IS \$150.00 9. This corporation is satisfy its Intar 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11 1 2 PRESIDENT ☐ Addition Change TITLE ZENZ, J. ZENZ. JIM NAME 12291 76th ROAD NORTH NAME 22342 BENIDORM DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR